



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

James Weiss MD

Respondent Name

Employers Insurance Co of Wausau

MFDR Tracking Number

M4-18-0349-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

October 12, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134. The carrier has not responded or has denied this claim in its entirety following our filing of Request for Reconsideration. Therefore, we are filing for Medical Dispute Resolution at this time per Rule 133.307."

Amount in Dispute: \$154.44

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CPT Code 99202 was billed in combination with codes 95911 and 95886 which have "XXX" and "ZZZ" global days. Medicare indicates that E&M should not be billed with "XXX" procedures since the procedure components include the pre-procedure, intra-procedure, and post procedure work usually performed each time the procedure is complete. Codes with "ZZZ" global days indicates the services are included in the global period of another related service."

HCPCS Codes A4556, electrodes per pair, and A4215, needle sterile any size, were denied as supplies are not separately payable per Medicare guidelines."

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 27, 2017	Code 99202	\$122.54	\$0.00
	Code 95886	\$0.00	\$0.00
	Code 95911	\$0.00	\$0.00
	Code A4556	\$16.90	\$0.00
	Code A4215	\$15.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - X212 – This procedure is included in another procedure performed on this date
 - MSCP – In accordance with the CMS physician
 - B291 – This is a bundled or non covered procedure based on Medicare Guidelines
 - 193 – This procedure is included in another procedure performed on this date
 - W3 – This procedure is included in another procedure

Issues

1. Is CPT Code 99202 eligible for reimbursement per Medicare Guidelines?
2. Is HCPCS codes A4556 and A4215 eligible for review?

Findings

1. The requestor is seeking medical fee dispute for the following codes 99202, A4556 and A4215 rendered on June 27, 2017 in the amount of \$154.44.

The insurance carrier denied CPT Code 99202 with X212 – This procedure is included in another procedure performed on this date.

28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

CPT Code 99202 is defined as "Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, [20](#) minutes are spent face-to-face with the patient and/or family."

The requestor billed Codes 99202, 95886, 95911, A4556 and A4215 on the disputed date of service.

Per Medicare fee schedule, CPT Code 95886 has a global surgery period of "ZZZ" and 95911 has "XXX".

The National Correct Coding Initiative Policy Manual, effective January 1, 2016, Chapter I, General Correct Coding Policies, section D, states:

All procedures on the Medicare Physician Fee Schedule are assigned a Global period of 000, 010, 090, XXX, YYY, ZZZ, or MMM. The global concept does not apply to XXX procedures. The global period for YYY procedures is defined by the Carrier (A/B MAC processing practitioner service claims). All procedures with a global period of ZZZ are related to another procedure, and the applicable global period for the ZZZ code is determined by the related procedure... Procedures with a global surgery indicator of "XXX" are not covered by these rules. Many of these "XXX" procedures are performed by physicians and have inherent pre-procedure, intra-procedure, and post-procedure work usually performed each time the procedure is completed. This work should never be reported as a separate E&M code. Other "XXX" procedures are not usually performed by a physician and have no physician work relative value units associated with them. A physician should never report a separate E&M code with these procedures for the supervision of others

performing the procedure or for the interpretation of the procedure. With most “XXX” procedures, the physician may, however, perform a significant and separately identifiable E&M service on the same date of service which may be reported by appending modifier 25 to the E&M code. This E&M service may be related to the same diagnosis necessitating performance of the “XXX” procedure but cannot include any work inherent in the “XXX” procedure, supervision of others performing the “XXX” procedure, or time for interpreting the result of the “XXX” procedure. Appending modifier 25 to a significant, separately identifiable E&M service when performed on the same date of service as an “XXX” procedure is correct coding.

The Division finds that the requestor did not identify a significant and separate E&M service to support billing CPT code 99202 in conjunction with CPT codes 95886 and 95911. In addition, the requestor did not append modifier 25 to CPT code 99202 per the correct coding guidelines. Therefore, the Division finds that the requestor’s documentation did not support billing CPT code 99202. As a result, reimbursement is not recommended.

2. The respondent states, “HCPCS A4556, electrodes per pair, and A4215, needle sterile any size, were denied as supplies are not separately payable per Medicare guidelines.”
- Code A4556 – Status Code “P” Bundled/Excluded Codes
 - Code A4215 – Status Code “X” Statutory Exclusion

Based on the above, the Carrier’s denial and response is supported. No separate reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	_____	11/10/2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

